

PTC/S8/17 (12-04)

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Effect Fees pursuant to the Consolid		Complete if Known										
	Application Nun	nber	09/181.021									
FEE TR	Filing Date	Filing Date October 2		998								
for	FY 2	2005	First Named Im	ventor	YASUO YOS	HIOKA						
	Examiner Name	9	A. ARMSTRO	ONG								
Applicant claims small			Art Unit		2641							
TOTAL AMOUNT OF PA	YMENT	(\$) 120	Attorney Docket	No.	51270-245583							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):  PILLSBURY WINTHROP SHAW												
X Deposit Account Deposit Account 161805 Deposit Account Name: PITTMAN LLP												
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FEE CALCULATION												
1. BASIC FILING, SEAR	CH, AND	EXAMINATION FEES										
	FILING			XAMIN	ATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (5)	Fee Paid (\$)						
Utility	300	150 199 500	250	200	100	<del></del>						
Design	200	100 100	50	130	65	<del></del>						
Plant	200	100 300	150	160	80							
Reissue	300	150 500	250	600	300							
Provisional	200	100 0	0	0	0							
2. EXCESS CLAIM FEES	S	·				Small Entity						
Fee Description Each claim over 20 or, for Reiss	ues, each cl	sim over 20 and more than in	the original patent			Fee (\$) Fee (\$) 50 25						
Each independent claim over 3 multiple dependent claims	or, for Reissu	ies, each independent claim n	nore than in the original	patent		200 100 360 180						
46 ->80xpr HP = _3	a Claims	x =	Paid (\$) 0.00	Multiple (	Dependent Claims i) Fee Pa	id (\$)						
	claims paid fi a Claims	Fee (5) Fee	Paid (\$)			<del>_</del>						
R -11 P3C or HP = -3 HP = highest number of Indep	endent claim	X = spaid for, if greater than 3	0.00									
3. APPLICATION SIZE F	EE											
If the specification and drawing	s exceed 10				r small entity)							
<u>Total Sheets</u>	is or fraction Extra Sheet:		additional 50 or fractio	<u>on therec</u>		Fee Paid (\$)						
- 100 = /50= (round up to a whole number) x 250.00 =												
Non-English Specification, 130 fee (no small entity discount)												
Other: Extension for response within first month 120.00												
SUBMITTED BY												

Registration No. (Attorney/Agent) my h. Jan Telephone 213-488.7253 Signature 48468 October 3, 2005 Date Name (Print/Type) Mark R. Kendrick

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1		Substitute for Form PTO-875  CLAIMS AS FILED - PART I										
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